



Health Profession Corporation

Certificate of Authorization Application Guide

Registered Denturists *may* incorporate for the purpose of practising denturism. To do so, you must obtain a **Health Profession Corporation Certificate of Authorization** from the College.

The College does **not** provide legal or accounting advice. For help beyond the incorporation application requirements, please consult a lawyer and/or accountant.

Useful resources:

- [Government of Ontario's Business Registry](#)
- [Regulated Health Professions Act, 1991](#)
- [Business Corporations Act](#)
- [Ontario Regulation – Certificates of Authorization](#)
- [College of Denturists of Ontario By-laws, Section 34 – Professional Corporations](#)

Naming the Corporation

- A health professional corporation name must follow the required format and **cannot include additional words or characters**. It must include:
 - The words "Professional Corporation", or the French version, "Societe Professionnelle."
 - An indication of the health profession to be practised by registrants of the College through the corporation, e.g. Denturist, Denturists, Denturism. "Denture Clinic" is not acceptable as it is not a profession.
 - The surname of one or more shareholders of the corporation, who are registrants of the College. The name must be consistent with the registrant's name on the College's public register.
 - It *may* also include the Denturist shareholders' given name(s), one or more of the Denturist shareholders' initials or a combination of given name(s) and initials.

For full details, see: [section 3.2 of the Business Corporations Act](#) and [subsections \(2\) to \(5\)](#) and [O. Reg. 39/02, s. 1 \(1\)](#).



Examples of Acceptable Names:

- J. Smith Denturist Professional Corporation
- John Smith Denturism Professional Corporation
- Smith Denturist Professional Corporation
- J. Smith and T. Brown Denturists Professional Corporation
- Jane Smith & Ted Brown Denturists Professional Corporation
- Jane Smith Denturologiste Societe Professionnelle

Conditions and Requirements

- The corporation may only carry business related to or ancillary to the practice of denturism
- The applicant must hold a current Certificate of Registration with the College and be a director of the corporation.
- All shareholders, directors, and officers must be registered with the College.
- All shares must be owned by Denturists registered with the College.
- If the practice name differs from the corporate name, provide the practice name(s) on the application

Business Address of the Corporation

Provide the actual corporate address of the corporation and not the address of the corporation's legal counsel or a virtual address.

Required Documentation

- Completed, dated and signed [Certificate of Authorization Application Form](#)
- Completed, dated and signed Undertaking, Section C of the application, by all shareholders.
- Director's Declaration, Section D, signed within 15 days of application submission. Completed [Checklist](#) for a Certificate of Authorization.
- **Corporation Profile Report**, dated within 30 days, showing the corporation is active (available from the Ministry of Public and Business Service Delivery or an authorized service provider)
- **Certificate and Articles of Incorporation** and any **amendment certificates** (if applicable) e.g. articles of amendment to change the corporation's name, amended articles, etc.
- Application fee: \$1,130.00 (includes HST).

Renewal

Certificates of Authorization must be **renewed annually by March 31st**. Renewal notices are emailed to the address provided on the application form.



COLLEGE OF
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Certificate of Authorization Application Checklist

The following are required to process your Certificate of Authorization application:	
___	Form C1 Health Profession Corporation Certificate of Authorization Application Form ___ Sections A & B ___ Section C: Signed Undertaking by all shareholders ___ Section D: Signed Declaration by a Director (must be signed within 15 days of submission)
___	Corporation Profile Report issued by the Ministry of Public and Business Service Delivery (or an approved service provider), dated within 30 days of COA application submission , showing the corporation is active.
___	Certificate and Articles of Incorporation, Amendment or Amalgamation and, if applicable, copies of all subsequent Certificates of Incorporation endorsed under the Business Corporations Act.
___	Application Fee: \$1,130.00 (includes HST)

Please email this checklist with your completed application to the College:

info@denturists-cdo.com



COLLEGE OF
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Certificate of Authorization Application Form

Section A

<u>Corporation Name:</u>		
Corporation #:		
Corporation Address:		Unit/Suite:
City:	Province: Ontario	Postal Code:
Phone:	Email:	

Section B

I, the above noted registrant of the College of Denturists of Ontario and a director of the Corporation, am applying on behalf of the above Corporation for a Certificate of Authorization under the *Regulated Health Professions Act*, and declare that:

Registration Status:
I am a registrant of the College of Denturists of Ontario and my Certificate of Registration is currently not suspended or revoked.

Incorporation:
The Corporation is incorporated under the *Business Corporations Act* of Ontario.

Shareholders:
All shareholders are registrants of the College of Denturists of Ontario.
The name, registration number, business address, phone number and email of all shareholders are provided below.

Shareholder A:

Name:	Registration #:
Business Address:	
Business Phone:	Email:



Shareholder B:	
Name:	Registration #:
Business Address:	
Business Phone:	Email:
Shareholder C:	
Name:	Registration #:
Business Address:	
Business Phone:	Email:

Directors and Officers:
All Directors and Officers of the Corporation are shareholders. The names of all Directors and Officers of the Corporation are provided below:
Director/Officer A:
Name:
Check Applicable: ___ Director ___ Officer If Officer, Title of Officer:
Director/Officer B:
Name:
Check Applicable: ___ Director ___ Officer If Officer, Title of Officer:
Director/Officer C:
Name:
Check Applicable: ___ Director ___ Officer If Officer, Title of Officer:



Practice Location(s): List all practice locations at which the Corporation provides denturism care and service. Locations where patients receive in-home services are not required.	
Practice Address, including phone number:	
Practice Address, including phone number:	
Practice Address, including phone number:	
Professional Activities: The Corporation cannot carry on, and cannot plan to carry on, any business that is not the profession governed by the College or activities related to or ancillary to the practice of the profession as per Section 2(1) 6.ii of Ontario Regulation 39/02 . Provide a brief description of the professional activities to be carried out by the Corporation:	
Practicing Registrants: Registrants of the College of Denturists of Ontario (shareholders and/or employees of the Corporation) who will practice through the Corporation:	
Name:	Registration #:
Application Declaration: I have personal knowledge of the declarations contained in this application and of the information I have provided. I declare that the information is accurate and complete.	
Applicant's Signature	Date

Submit the completed application, including: Certificate & Articles of Incorporation, Corporation Profile Report, Undertaking (Section C), Declaration (Section D), checklist and credit card payment form to:
info@denturists-cdo.com



Section C

SHAREHOLDER UNDERTAKING

Each shareholder of the Corporation must complete and sign this form.

I, _____, of _____	Name of Corporation
do undertake as follows:	
<ol style="list-style-type: none">1. I will ensure that, while practising the profession, the Corporation does not do or fail to do anything that would be professional misconduct if done or failed to be done by myself.2. I will ensure that the Corporation maintains a valid Certificate of Authorization and does not provide professional or ancillary services while its Certificate of Authorization is under suspension or revoked or when it does not satisfy the requirements for a Health Profession Corporation under subsection 3.2(2) of the <u>Business Corporations Act</u>.3. I will ensure that the Corporation complies with the <u>Regulated Health Professions Act, 1991</u> and the <u>Denturism Act, 1991</u>, and By-laws of the College.4. I will ensure that any person who is not currently a shareholder of the Corporation shall file a similar undertaking with the College when they become a shareholder.5. I will ensure that the College is notified of any changes to the name, articles of incorporation or practice locations of the Corporation as soon as they occur and to any other information provided in the application within the time period required by the By-laws.6. I will ensure that if the Corporation practises in a name other than its corporate name, the corporation shall first notify the College of its practice name and shall include its Corporate name in all written, electronic, or broadcast communications.7. I will ensure that this Certificate of Authorization is renewed annually by March 31st of each year in accordance with College policies and By-laws.8. I understand that if a Certificate of Authorization is issued and the Corporation fails to comply with certain requirements, the College may propose to revoke the Certificate of Authorization. The College will provide notice of the revocation, setting out the date it will take effect and the grounds for the proposed revocation. The College is then required to revoke the Certificate of Authorization 60 days later if the grounds for revocation are not resolved. Upon revocation, the Health Profession Corporation ceases to exist and is not authorized to practise.9. I acknowledge that a breach of this undertaking may result in a referral of specified allegations of professional misconduct against me to the Discipline Committee arising from my failure to comply with the terms of this undertaking.10. I acknowledge having been advised to obtain independent legal advice prior to signing this undertaking.	
Shareholder's Signature	Date



Section D

DECLARATION

I,	am a Director of	Name of Corporation
and certify that:		
<ol style="list-style-type: none">1. The Corporation is in compliance with section 3.2 of the Business Corporations Act as of the date this declaration is signed.2. The Corporation does not carry on, and does not plan to carry on, any business that is not the practice of the profession governed by the College or activities related to or ancillary to the practice of that profession.3. There has been no change in the status of the Corporation since the date of the Corporation Profile Report enclosed with this application, and4. The information contained in the application for a Certificate of Authorization is complete and accurate as of the day the declaration is signed.		

Signature of Director	Date
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Important:

The declaration of a Director of the Corporation must be signed **no more than 15 days** prior to submission of this application.



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Credit Card Payment Form

Credit Card Information

Registrant's Name:		Registration #:	
Credit Card #:			
<input type="checkbox"/> VISA <input type="checkbox"/> Mastercard <small>(AMEX and debit credit cards not accepted)</small>		CVC Code: <small>(3-digit code on back of card)</small>	Expiry Date: <small>(mm/yy)</small>
Cardholder's Name:			
Address (associated with card):			
Cardholder's Signature:			

Payment Information

Reason for Payment (e.g. Application Fee):
Authorized Amount, including HST: \$

Declaration and Signature

I hereby authorize the College of Denturists of Ontario to charge this credit card to the amount noted above:	
Signature	Date

The College does not retain credit card information. Once this payment is processed, this form will be deleted.